CLAS ACT VIRGINIA:
CENTRAL SHENANDOAH HEALTH DISTRICT

Highland County, Bath County, Rockbridge County, Rockingham County, Augusta County
Harrisonburg, Lexington, Buena Vista, Staunton

HOW DO THESE REQUIREMENTS IMPACT MY HEALTH DISTRICT?

The obligation to provide meaningful access is fact-dependent and starts with an individualized assessment that balances the following four factors:

1. **The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee:**

Speak English less than "well" (US Census, 2000)	#
Augusta County	291
Bath County	22
Harrisonburg	1,755
Highland County	9
Lexington	34
Rockbridge County	89
Rockingham County	1,168
Staunton	121
Central Shenandoah Health District	**3,489**

Top five languages for LEP individuals (those who speak English less than "well") in the Central Shenandoah Health District (U.S. Census, 2000)	#
Spanish	2,564
Russian	294
Chinese	139
Korean	90
French	83

Based on 2000 Census Data, 3,489 of the residents of Central Shenandoah Health District are considered LEP. This proportion is significantly higher in the jurisdictions of Rockingham County (1,168 residents) and Harrisonburg City (1,775). Of the LEP residents in the Central Shenandoah Health District, the overwhelming majority speak Spanish as their primary language.

LEP Students Receiving Services (Virginia Department of Education, 1996 – 2006)										
Year	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
Augusta	190	193	169	142	91	64	70	70	52	56
Bath	2	2	2	-	-	-	-	-	-	-
Highland	4	5	1	1	-	-	-	-	-	-
Rockbridge	7	11	10	8	9	7	4	7	6	7
Rockingham	770	691	649	633	621	543	455	426	231	236
Staunton	27	18	20	16	11	13	10	12	11	10
Harrisonburg	1,654	1,548	1,414	1,276	1,195	850	654	524	452	374
Lexington	6	6	11	14	7	-	4	3	3	4
Central Shenandoah	**2,660**	**2,474**	**2,276**	**2,090**	**1,934**	**1,477**	**1,197**	**1,042**	**755**	**687**

Based on trend data from the Virginia Department of Education, the # of LEP students receiving educational services is more than **3.5 times what it was 10 years ago** in the Central Shenandoah Health District. Therefore, it would be relatively safe to assume that the numbers and percentages reflected in the US Census 2000 data significantly underestimate the present number or proportion of LEP persons presently eligible to be served or likely to be encountered by the Central Shenandoah Health District.

2. **The frequency with which LEP individuals come into contact with the program:**
The following is patient level data for Central Shenandoah Health District as reported in WebVision, January – December 2006*:

Primary Language	Patients (unduplicated count)		Patient Encounters	
	#	%	#	%
English	19,948	85.18%	39,489	77.37%
Spanish	2,468	10.54%	7,792	15.27%
Russian	138	0.59%	564	1.11%
Turkish	42	0.18%	284	0.56%
Ukranian	34	0.15%	134	0.26%
Arabic	15	0.06%	31	0.06%
Chinese	8	0.03%	41	0.08%
Unknown	7	0.03%	16	0.03%
Uzbek	5	0.02%	33	0.06%
Kurdish	3	0.01%	4	0.01%
Vietnamese	3	0.01%	7	0.01%
Central Shenandoah Health District	22,682	100.00%	48,425	100.00%

* The listed languages may not equal 100% because of the exclusion of rarely encountered languages and non-English speakers who are not Limited English Proficient.

** By need for an interpreter (responses of “yes” & “unknown”)

There may be some variation and inconsistencies regarding how health districts report this data through WebVision – if you feel this is not an accurate reflection of the patients you encounter, please contact Fatima Sharif so she can address issues with data collection.

According to this data, for the Central Shenandoah Health District:

- 11.67% of all patients are LEP
- 17.51% of all encounters involve LEP patients.

3. **The nature and importance of the program, activity or service provided by the recipient to its beneficiaries.**
   The following comes from the Guidance on Title VI: "the recipient should consider the importance and urgency of its program, activity, or service. If the activity is both important and urgent--such as the communication of information concerning emergency surgery and the obtaining of informed consent prior to such surgery--it is more likely that relatively immediate language services are needed. Alternatively, if the activity is important, but not urgent--such as the communication of information about, and obtaining informed consent for, elective surgery where delay will not have any adverse impact on the patient's health, or communication of information regarding admission to the hospital for tests where delay would not affect the patient's health-- it is more likely that language services are needed, but that such services can be delayed for a reasonable period of time. Finally, if an activity is neither important nor urgent--such as a general public tour of a facility--it is more likely that language services would not be needed."

4. **The resources available to the grantee/recipient and the costs of interpretation/translation services.**
   The following comes from the Guidance on Title VI: "Where appropriate, training bilingual staff to act as interpreters and translators, information sharing through industry groups, telephonic and video conferencing interpretation services, pooling resources and standardizing documents to reduce translation needs, using qualified translators and interpreters to ensure that documents need not be "fixed" later and that inaccurate interpretations do not cause delay or other costs, centralizing interpreter and translator services to achieve economies of scale, or the formalized use of qualified community volunteers, for example, may help reduce costs. Recipients should carefully explore the most cost-effective means of delivering competent and accurate language services before limiting services due to resource concerns. Large entities and those entities serving a significant number or proportion of LEP persons should ensure that their resource limitations are well-substantiated before using this factor as a reason to limit language assistance. Such recipients may find it useful to be able to articulate, through documentation or in some other reasonable manner, their process for determining that language services would be limited based on resources or costs."

Based on the federal requirements, the following processes should be in place at the Central Shenandoah Health District to ensure compliance:

- **Notification of Rights:** provide both verbal offers and written notices informing clients of their right to receive language assistance services at no cost to them.

- **Interpretation Services:** offer interpretation services to all LEP patients at no cost and at all points of contact in a timely manner during all hours of operation, being mindful that LEP persons cannot be required to bring their own interpreters nor should they use family members or friends as interpreters unless specifically requested by the patient/consumer after notification of their rights to receive language assistance services at no cost to them.

  - Based on the four factor assessment, it is recommended that the Central Shenandoah Health

District provide on-site interpreters either through a contractual arrangement with a language service agency, the use of in-house interpreters and/or the use of bilingual staff for the following language(s): **Spanish.**

- On average, it would be cost beneficial* to hire an in-house interpreter for all languages where there are greater than 1,500 patient encounters per year. For the Central Shenandoah Health District, having in-house interpreters in the following language(s) would be recommended: **Spanish.**

  *This calculation was made based on the following assumptions:
  - Each patient encounter equals one hour of in-person interpreter time since most contract interpreters have a required 1 hour minimum.
  - On average, full-time salaried interpreters cost around $45,000/ year (cost includes benefits)
  - On average, Virginia contract interpreters charge $30/hour ($25 - $35 /hour plus administrative and/or transportation costs)
  - The Central Shenandoah Health District should provide telephonic/video interpretation for all less frequently encountered languages.

- **Assurance of Competence:** have a mechanism for assuring the competence of the language assistance provided.

  - It is recommended that the Central Shenandoah Health District utilize interpreters (whether they are in-house, bilingual professional staff, or contract interpreters) who:

    - have been screened and tested for proficiency in both English and the target language(s)

    - have received a minimum of 30 hours of training as professional medical/health care interpreters (the training should include, but not be limited to, the following topic areas: ethics and confidentiality, medical terminology, basic anatomy and physiology, roles, and cultural competence)

    - adhere to an interpreter Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines

    - participate in ongoing medical/healthcare interpreter continuing education

    - are covered by liability insurance

  - It is recommended that the Central Shenandoah Health District utilize translators (whether they are in-house, bilingual staff, or contract translators) who:

    - have subject matter expertise in medical and health care and prior experience translating medical/health documents

    - are able to write at an appropriate reading level for the target audience

    - have been screened and tested for proficiency in both written English and the target language(s) with affiliation/accreditation by the American Translators

Association preferred

- are able to act as a cultural bridge, providing VDH with feedback not only on grammatical and linguistic accuracy, but also on cultural appropriateness
- adhere to a translator Code of Ethics, a statement of confidentiality, and are aware of and comply with HIPAA related privacy guidelines
- participate in ongoing medical/healthcare translator continuing education
- are covered by liability insurance
- do not rely on software based translation programs

- **Translated Materials:** make available easily understood patient-related materials and post signage in the languages of the commonly encountered group and/or groups, including written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered.

    - It is recommended that the Central Shenandoah Health District provide written translation of all vital documents in the following language: **Spanish**. Oral translation of other non-vital documents is permitted.

Where Can I Find Assistance and/or Resources?

VDH Office of Health Policy and Planning (OHPP) CLAS Act Virginia Initiative

VDH OHPP has developed the CLAS Act Virginia Initiative to serve as a resource to VDH to ensure that VDH does not place itself at risk for losing federal funds by being out of compliance with federal requirements and in partial fulfillment of the OHPP mission to improve access to quality health care for all Virginia residents. As part of the CLAS Act Virginia Initiative:

- A ***web-based resource directory*** has been developed: http://CLASActVirginia.org
- A decision package was submitted and funds were subsequently appropriated to provide ***grants to local health districts*** to assist with the provision of linguistically appropriate services.
- A ***CLAS Act Coordinator*** has been hired ***to provide technical assistance and assist with capacity building activities***:

    Fatima Sharif
    CLAS Act Coordinator
    804-864-7437
    Fatima.Sharif@vdh.virginia.gov

    A few of the activities presently underway include:
    - Medical interpreter loan repayment program
    - Cultural competency training series
    - Navigating the U.S. health care system educational materials for new immigrants and refugees
    - Establishment of processes for communicating with the LEP in the event of public health events
    - Development of VDH policies and procedures